

RODNEY BLUESTONE MEDICAL CORPORATION

RHEUMATOLOGY
(ARTHRITIS AND RELATED DISORDERS)
436 NORTH BEDFORD DR
SUITE 303
BEVERLY HILLS, CALIFORNIA 90210

RODNEY BLUESTONE, M.B, F.R.C.P
MONA AMIN, D.O.
VEENA RAO, M.D.

TELEPHONE: (310) 657-2222

CONSENT FOR USE / DISCLOSURE OF HEALTH INFORMATION

(To be completed by patient or patient's representative)

Patient: _____ Date of birth: _____

By signing this form, you grant us consent to use and disclose your protected health care information for the purposes of **treatment, various activities associated with payment and health care operations**. Our Notice of Privacy Practices provides more details on our treatment, payment activities and health care operations. If a copy of the Notice does not accompany this consent form, please ask for one. We encourage you to read it since it provides details on how information about you may be used and/or disclosed and describes certain rights you have regarding you health care information.

As stated in our Notice of Privacy Practices, we reserve the right to change our privacy practices. If we should do so, we will issue a revised notice. Since revisions may apply to your health care information, you have a right to receive a copy by contacting our Privacy Officer:

- **Hanan Botros**
- **436 North Bedford Drive, Suite 303, Beverly Hills, CA 90210**
- **Phone # (310) 657-2222**
- **Fax # (310) 350-0367**

You have the right to revoke your consent by giving written notice to our Privacy Officer. The revocation will not affect actions that were already taken in reliance upon this consent. You should also understand that if you revoke this consent we may decline to treat you.

I _____, have read the contents of this consent form and the Notice of Privacy Practices. I understand that I am giving you my consent to use and disclose my health care information to carry out treatment, payment activities and health care operations.

_____ Date _____ relationship to patient

You are entitled to a copy of this **Consent Form** after you have signed it.

HIPPA CONSENT FOR USE/DISCLOSURE OF HEALTH INFORMATION

This form does not constitute legal advice and covers only federal, not state, law.